

CLAIMS ONLY

Application Number

.. Filling Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep	4					
Total Depend.	26					
Total Claims	30					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						